* * * * * WISCONSIN MEDICAL ASSISTANCE PROVIDER HANDBOOK * * * * *					
PART Q, DIVISION I	SECTION II COVERED SERVICES & RELATED	ISSUED	PAGE		
AMBULANCE SERVICES	LIMITATIONS	03/93	1Q2-001		

A. INTRODUCTION

The Wisconsin Medical Assistance Program (WMAP) covers ambulance transportation when the recipient has an illness or an injury that makes it impossible to use other types of transportation.

B. COVERED AMBULANCE SERVICES

Emergency Ambulance Services

Emergency ambulance services are covered when:

- the recipient is transported in an emergency condition resulting from an accident, serious injury, or acute illness (for example, automobile accident, possible hip fracture, severe facial lacerations);
- recipient is in shock;
- recipient is unconscious;
- recipient has difficulty breathing;
- recipient has neck pain, back pain, or a head injury subsequent to significant trauma:
- recipient has chest pains and is over 30 years old, regardless of vital signs;
- recipient is suspected of sustaining an acute stroke or myocardial infarction;
- recipient is experiencing severe hemorrhaging;
- recipient has severe bleeding or bleeding with blood pressure less than 100 systolic (adult);
- recipient has blood pressure of over 100 diastolic with other relevant signs or symptoms;
- recipient has a temperature of greater than 104 orally, 103 axillary, or 105 rectally, with other relevant signs or symptoms;
- recipient has severe burns;
- recipient has severe pain and associated abnormal physiologic changes;
- recipient has suspected poisoning;
- recipient has prolonged or repetitive seizure activity which is observed by ambulance personnel;
- recipient has a bee or other insect sting with significant swelling locally, or any sting in the head area;
- recipient has had a previous or planned cesarean section and is in active labor;
- recipient's delivery has already occurred or the baby's head is presenting;
- recipient is in labor with contractions confirmed as less than four minutes apart, with a history of three or more deliveries, and the bag of waters has broken;
- a prolapsed cord is visible;
- recipient has to remain immobile because of a large bone fracture, or possible fracture, that has not been set.

* * * * * WISCONSIN MEDICAL ASSISTANCE PROVIDER HANDBOOK * * * * *				
PART Q, DIVISION I	SECTION II COVERED SERVICES & RELATED	ISSUED	PAGE	
AMBULANCE SERVICES	LIMITATIONS	03/93	1Q2-002	

B. COVERED AMBULANCE SERVICES (continued)

Air and Water Transportation

Emergency and prior authorized non-emergency helicopter, fixed-wing air, and water ambulance services are covered by the WMAP.

Refer to Section III of this handbook for prior authorization information.

Nonemergency Ambulance Services

Nonemergency services are covered if:

- the recipient is confined to bed before and after the ambulance trip (for example, bed-ridden cancer patient going for radiation therapy); or
- the recipient must be moved only by stretcher in order to receive necessary medical services.

A physician's prescription is required indicating that an ambulance transfer is necessary.

The prescription must:

- be obtained prior to transportation;
- be reduced to writing;
- be maintained on file;
- give the reason why the discharging facility was inappropriate for the recipient's condition (for example, the inappropriate facility may not have the equipment, staff, or services needed for the recipient's care).

Transports from a hospital to a nursing home, from one nursing home to another nursing home, or from a recipient's residence to a doctor's or dentist's office are nonemergency transfers. Hospital to hospital transfers are considered nonemergency transfers since the recipient should be in stable condition.

Waiting Time

"Waiting time" is when the ambulance provider is waiting for the recipient to receive medical services and return to the vehicle. It is:

- covered only when a "to" and "from" trip is being billed (round trip);
- limited to a maximum of six hours per date of service;
- may be charged only once when waiting for more than one recipient.

Life Support Services

An ambulance must be used to transport a recipient on life-support systems. The reimbursement is included in the base rate.

The WMAP defines life-support systems as:

- the administration of any prescription medication or IV solution (portable oxygen used by the recipient without the assistance of medical personnel is not considered prescription medication);
- the need for medically-trained personnel (nurse, paramedic, EMT) to monitor and treat the recipient;
- the use of medical equipment (ECG monitor) beyond that specified in HSS 105.39 Wis. Admin. Code.

* * * * * WISCONSIN MEDICAL ASSISTANCE PROVIDER HANDBOOK * * * * *				
PART Q, DIVISION I	SECTION II COVERED SERVICES & RELATED	ISSUED	PAGE	
AMBULANCE SERVICES	LIMITATIONS	03/93	1Q2-003	

B. COVERED AMBULANCE SERVICES (continued)

Additional Attendant Services

Services provided by a third ambulance attendant are covered if the recipient's condition requires a third attendant for restraint or lifting.

Isolettes

Transportation of an isolette (incubator) is covered as a nonemergency service when the recipient is under one year of age.

First Aid at the Scene

First aid at the scene is covered when providers make a good-faith response, but the recipient is <u>not</u> transported. Disposable supplies and oxygen may be billed with first aid at the scene. First aid at the scene is not covered when billed with a base rate and mileage charge.

C. NONCOVERED SERVICES OR RELATED LIMITATIONS

Noncovered Ambulance Services

The WMAP does not cover:

- additional charges to pick up the recipient's personal belongings;
- vehicle sterilization;
- charges for a recipient's failure to cancel a scheduled transport;
- sales tax;
- transportation of lab specimens;
- extra charges for nights, weekends, or holiday services;
- reusable devices and equipment such as backboards, neckboards, and inflatable splints;
- ambulance trips to obtain physical, occupational or speech therapy, audiology, chiropractic, or psychotherapy services;
- medical personnel who care for the recipient in transit (other than those employed by the ambulance provider);
- excessive mileage;
- trips to facilities where no medical services are received (e.g., day-care center, sheltered workshop);
- no recipient conveyance;
- processes, treatments, or services which are an integral part of care while in transit (complex bandaging procedures, EKG monitoring, drugs used in transit or for starting intravenous solutions);
- trips for the purpose of locating a recipient closer to their family or home;
- trips to relocate a recipient for the sole purpose of improving the recipient's mental, psychological, or emotional health.